

DOCKET NO: RW-176PCT

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(includes Reference to PCT International Applications)

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**DEVICE FOR THE IN-SITU DISPOSAL OF HEALTH-CARE WASTE,
IN PARTICULAR OF INCONTINENCE ARTICLES AND METHOD FOR THIS**

the specification of which (check one)

☐ is attached hereto.

☐ was filed as United States application
was filed on _____ Serial No. _____
and was amended on _____. (if applicable)

☒ was filed as PCT international application
Number PCT/EP05/00904.
on January 31, 2005.
and was amended under PCT Article 19
on _____. (if applicable)

I hereby state that we have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS
UNDER 35 U.S.C. 119:

COUNTRY (if PCT, indicate PCT)	APPLICATION NUMBER	DATE OF FILING (Day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
<u>GERMANY</u>	<u>20 2004 018 714.0</u>	<u>Dec. 2, 2004</u>	<u>X</u> YES <u> </u> NO

COUNTRY (if PCT, indicate PCT)	APPLICATION NUMBER	DATE OF FILING (Day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
<u>GERMANY</u>	<u>20 2005 000 148.1</u>	<u>January 6, 2005</u>	<u>X</u> YES <u> </u> NO

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of the application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty of disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S.
FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATIONS:

_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status/ patented, pending, abandoned)
_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status/ patented, pending, abandoned)

PCT APPLICATIONS DESIGNATING THE U.S.

_____ (PCT Appli. No.)	_____ (PCT FILING DATE)	_____ (PCT SERIAL NO.	_____ (Status/ patented, pending, abandoned)
_____ (PCT Appli. No.)	_____ (PCT FILING DATE)	_____ (PCT SERIAL NO.	_____ (Status/ patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

..POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

FRIEDRICH KUEFFNER, Reg. No. 29,482.

Address all telephone calls to Friedrich Kueffner at telephone No. (212) 986-3114.

Address all correspondence to:

Friedrich Kueffner
317 Madison Avenue, Suite 910
New York, New York 10017

Full Name of First Inventor: **Werner Heidel**

Inventor's signature: _____

Date: _____

Residence: **Viersen, Germany**

Citizenship: **German**

Post Office Address: **Karolinger Strase 15,
D-41479 Viersen, Germany**
